

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Oregon Republican Party

ADDRESS (number and street)

Post Office Box 789

☐Check if different
than previously
reported. (ACC)

Salem

OR

97308

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00153031

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Charles S. Oakes

Signature of Treasurer

Electronically Filed by Charles S. Oakes

Date

12

18

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 8 | 0 | 1 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 8 | 3 | 1 | 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2006 | | 9089.32 |
| (b) Cash on Hand at Beginning of Reporting Period | 73908.79 | |
| (c) Total Receipts (from Line 19) | 33815.00 | 290718.40 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 107723.79 | 299807.72 |
| 7. Total Disbursements (from Line 31) | 28069.71 | 220153.64 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 79654.08 | 79654.08 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 173488.60 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period:

From:

M M D D Y Y W Y
0 8 0 1 2 0 0 6

To:

M M D D Y Y W Y
0 8 3 1 2 0 0 6

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 11657.00 | 103403.55 |
| (i) Itemized (use Schedule A) | 14658.00 | 133548.50 |
| (ii) Unitemized | 26315.00 | 236952.05 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 1550.00 |
| (b) Political Party Committees | 2000.00 | 7300.00 |
| (c) Other Political Committees (such as PACs) | 28315.00 | 245802.05 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 414.61 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 5500.00 | 44501.74 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 5500.00 | 44501.74 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 33815.00 | 290718.40 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 28315.00 | 246216.66 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 1758.45 | 11781.75 |
| (ii) Non-Federal Share..... | 9964.47 | 66763.05 |
| (b) Other Federal Operating Expenditures..... | 4409.39 | 74891.22 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 16132.31 | 153436.02 |
| 22. Transfers to Affiliated/Other Party Committees..... | 1200.00 | 1200.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 10737.40 | 65517.62 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 10737.40 | 65517.62 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 28069.71 | 220153.64 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18105.24 | 153390.59 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 28315.00 | 245802.05 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 28315.00 | 245802.05 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 6167.84 | 86672.97 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 414.61 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 6167.84 | 86258.36 |

SCHEDULE L (FEC Form 3X)

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AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

| | | |
|--------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full) Oregon Republican Party | | |
| NAME OF ACCOUNT KEY LEVIN | | |

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|------------------------------------------------------------------------------|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| a. Itemized..... (Use Schedule L-A) | 0.00 | 0.00 |
| b. Unitemized..... | 0.00 | 0.00 |
| c. Total..... | 0.00 | 0.00 |
| 2. OTHER RECEIPTS..... | 0.00 | 0.00 |
| 3. TOTAL RECEIPTS..... (Add Lines 1c and 2) | 0.00 | 0.00 |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| a. Voter Registration..... | 0.00 | 0.00 |
| b. Voter ID..... | 0.00 | 0.00 |
| c. GOTV..... | 0.00 | 0.00 |
| d. Generic Campaign..... | 0.00 | 0.00 |
| e. Total..... | 0.00 | 0.00 |
| 5. OTHER DISBURSEMENTS..... | 10.75 | 86.00 |
| 6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5) | 10.75 | 86.00 |
| 7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st) | 787.00 | 862.25 |
| 8. RECEIPTS..... (from Line 3) | 0.00 | 0.00 |
| 9. SUBTOTAL..... (Add Lines 7 and 8) | 787.00 | 862.25 |
| 10. DISBURSEMENTS..... (From Line 6) | 10.75 | 86.00 |
| 11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9) | 776.25 | 776.25 |

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**Use separate schedule(s)
for each category of the
Aggregation PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 38

| | | | | | |
|--------------------------|----|--------------------------|----|-------------------------------------|---|
| <input type="checkbox"/> | 4a | <input type="checkbox"/> | 4c | <input checked="" type="checkbox"/> | 5 |
| <input type="checkbox"/> | 4b | <input type="checkbox"/> | 4d | | |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Oregon Republican Party

Mailing Address c/o Key Bank Levin Account
1500 Edgewater St NWCity State Zip Code
Salem OR 97302Purpose of Disbursement
Bank Fee

Transaction ID: 4B80930.E12646

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.75 |
|-------|

Account: 8

SUBTOTAL of Disbursements This Page (optional)

10.75

TOTAL This Period (last page this line number only)

10.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Geraldine Bitz

Mailing Address 26805 S Bitz Ln

City

Mulino

State

OR

Zip Code

97042-9767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 80930.C87484

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Janusz Bogdan

Mailing Address 16872 Cherry Crest Dr

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Government

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: 80930.C87516

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Alan DeBoer

Mailing Address 2260 Morada Lane

City

Ashland

State

OR

Zip Code

97520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town & Country Car Dealer-
ship

Occupation
Car Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 80930.C87527

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Virginia Dickey

Mailing Address 138 S Foothill Rd

City

Medford

State

OR

Zip Code

97504-7748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 80930.C87573

Amount of Each Receipt this Period

150.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charles Faries

Mailing Address 12535 SW Iron Mountain Blvd

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 80930.C87550

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Gander

Mailing Address 5240 SE 82nd Ave.

City

Portland

State

OR

Zip Code

97266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard TV & Appliance

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 6

Transaction ID: 80930.C87623

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Brette Hampton

Mailing Address 4255 Eola Dr NW

City

Salem

State

OR

Zip Code

97304-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 81130.C100286

Amount of Each Receipt this Period

1250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Cynthia Hampton

Mailing Address 01616 SW Greenwood Rd

City

Portland

State

OR

Zip Code

97219-8331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hampton Affiliates

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 81130.C100284

Amount of Each Receipt this Period

1250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Hampton

Mailing Address 2981 NW 53rd Dr

City

Portland

State

OR

Zip Code

97210-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hampton Affiliates

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 81130.C100285

Amount of Each Receipt this Period

1250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Andrew Honzel

Mailing Address 12929 Forest Meadows Way

City

Lake Oswego

State

OR

Zip Code

97034-1593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Forest Products

Occupation

Wood Products Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 80930.C87462

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eliot Jenkins

Mailing Address 13169 SE River Rd Apt 307T

City

Portland

State

OR

Zip Code

97222-9789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 6

Transaction ID: 80930.C85320

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albert Kilpatrick

Mailing Address 12789 SW Cornett Lp

City

Powell Butte

State

OR

Zip Code

97753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 80930.C87533

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Kenneth Knott

Mailing Address 59926 Comstock Rd.

City

Cove

State

OR

Zip Code

97824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 80930.C87757

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jim Lynch

Mailing Address PO Box 350

City

Lakeview

State

OR

Zip Code

97630-0013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lynch & Vandenberg

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 80930.C87595

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Donald McRae

Mailing Address PO Box 3329

City

Bay City

State

OR

Zip Code

97107-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 6

Transaction ID: 80930.C24245

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

J. Franklin Morse

Mailing Address 3616 NW Eagle View Drive

City

Albany

State

OR

Zip Code

97321

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Oregon

Occupation

State Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 6

Transaction ID: 80930.C87564

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas ORourke

Mailing Address 742 Fairway Ct

City

Ashland

State

OR

Zip Code

97520-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 80930.C87490

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gary Orem

Mailing Address 19980 Hwy 50

City

Merrill

State

OR

Zip Code

97633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 80930.C87493

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Elizabeth Painter

Mailing Address 3209 W Fairview Pl

City

Denver

State

CO

Zip Code

80211-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hampton Affiliates

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 81130.C100287

Amount of Each Receipt this Period

1250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eugene Prete

Mailing Address PO Box 2148

City

Sisters

State

OR

Zip Code

97759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ballot Measure Activist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 6

Transaction ID: 81202.C100589

Amount of Each Receipt this Period

280.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Chester Prior

Mailing Address 32327 Oregon Trail Rd

City

Echo

State

OR

Zip Code

97826-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Ranch

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 80930.C87526

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Dennis Tooley

Mailing Address 2440 NW Williams Loop

City

Redmond

State

OR

Zip Code

97756-9198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 6

Transaction ID: 81202.C100594

Amount of Each Receipt this Period

97.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dennis Tooley

Mailing Address 2440 NW Williams Loop

City

Redmond

State

OR

Zip Code

97756-9198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 80930.C87764

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Young

Mailing Address PO Box 39

City

Lebanon

State

OR

Zip Code

97355-0039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Entek

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: 80930.C87512

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

447.00

TOTAL This Period (last page this line number only)

11657.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

GOPAC, Inc.

Mailing Address 1101 16th St NW Ste 201

City

Washington

State

DC

Zip Code

20036-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 6

Transaction ID: 80930.C87655

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 38

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc | Transaction ID: 80930.E12039 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 12450 Automobile Boulevard | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 7 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 7 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| City Clearwater State FL Zip Code 34622- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement List Management Service OGOP Candidate Name | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| LIST MANAGEMENT SERVICE OGOP | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc | Transaction ID: 80930.E12042 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 12450 Automobile Boulevard | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 2 | 3 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 2 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| City Clearwater State FL Zip Code 34622- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement List Management Service OGOP Candidate Name | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| LIST MANAGEMENT SERVICE OGOP | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) LifeWise | Transaction ID: 80930.E12031 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 815 SW Bond St | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 8 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 0 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| City Bend State OR Zip Code 97702- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Insurance Candidate Name | <table border="1"> <tr> <td colspan="10">296.90</td> </tr> </table> | 296.90 | | | | | | | | | | | | | | | | | | | |
| 296.90 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| INSURANCE | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2296.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 410 Mill St SE

City Salem State OR Zip Code 97301-

Purpose of Disbursement
Postage OGOP

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12041

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

POSTAGE OGOP

B.

Full Name (Last, First, Middle Initial)
W.B. Adams Insurance

Mailing Address 9900 SW Greenburg Rd Suite 270

City Portland State OR Zip Code 97223-

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1233.25

INSURANCE

SUBTOTAL of Disbursements This Page (optional)

1733.25

TOTAL This Period (last page this line number only)

4030.15

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 38

| | | | | | |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Deschutes County Central Committee

Mailing Address 18160 Cottonwood Rd PMB #448

City
Bend

State
OR

Zip Code
97707-

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12038

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

1200.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 38

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Amy Langdon | Transaction ID: 80930.E12022 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2830 Foxhaven Dr SE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 1 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| City Salem State OR Zip Code 97306-2526 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Payroll Candidate Name | <table border="1"> <tr> <td colspan="10">2291.95</td> </tr> </table> | 2291.95 | | | | | | | | | | | | | | | | | | | |
| 2291.95 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| FEA PAYROLL | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Amy Langdon | Transaction ID: 80930.E12023 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2830 Foxhaven Dr SE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| City Salem State OR Zip Code 97306-2526 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Payroll Candidate Name | <table border="1"> <tr> <td colspan="10">2291.94</td> </tr> </table> | 2291.94 | | | | | | | | | | | | | | | | | | | |
| 2291.94 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| FEA PAYROLL | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Kelsey Schmidt | Transaction ID: 80930.E12020 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1794 SW Fellows St Apt 8 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 1 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| City McMinnville State OR Zip Code 97128-7318 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Payroll Candidate Name | <table border="1"> <tr> <td colspan="10">1110.62</td> </tr> </table> | 1110.62 | | | | | | | | | | | | | | | | | | | |
| 1110.62 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| FEA PAYROLL | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

5694.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 38

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Kelsey Schmidt

Mailing Address 1794 SW Fellows St Apt 8

City McMinnville State OR Zip Code 97128-7318

Purpose of Disbursement
FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12021
Date of Disbursement

/ /

Amount of Each Disbursement this Period

491.22

FEA PAYROLL

B.

Full Name (Last, First, Middle Initial)
Belinda Smith

Mailing Address 687 SW Concord Way

City Beaverton State OR Zip Code 97006-

Purpose of Disbursement
FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12026
Date of Disbursement

/ /

Amount of Each Disbursement this Period

516.62

FEA PAYROLL

C.

Full Name (Last, First, Middle Initial)
Belinda Smith

Mailing Address 687 SW Concord Way

City Beaverton State OR Zip Code 97006-

Purpose of Disbursement
FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12027
Date of Disbursement

/ /

Amount of Each Disbursement this Period

448.67

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1456.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 38

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Cindy Taylor

Mailing Address 595 Rockwood St SE

City Salem State OR Zip Code 97306-1756

Purpose of Disbursement

FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12028

Date of Disbursement

/ /

Amount of Each Disbursement this Period

947.52

FEA PAYROLL

B.

Full Name (Last, First, Middle Initial)

Cindy Taylor

Mailing Address 595 Rockwood St SE

City Salem State OR Zip Code 97306-1756

Purpose of Disbursement

FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12029

Date of Disbursement

/ /

Amount of Each Disbursement this Period

947.50

FEA PAYROLL

C.

Full Name (Last, First, Middle Initial)

David Taylor

Mailing Address 595 Rockwood St SE

City Salem State OR Zip Code 97306-1756

Purpose of Disbursement

FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12024

Date of Disbursement

/ /

Amount of Each Disbursement this Period

947.36

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2842.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 38

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

David Taylor

Mailing Address 595 Rockwood St SE

City
Salem

State
OR

Zip Code
97306-1756

Purpose of Disbursement
FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80930.E12025

Date of Disbursement

/ /

Amount of Each Disbursement this Period

586.00

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

586.00

TOTAL This Period (last page this line number only)

10579.40

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
AristotleNature of Debt (Purpose):
Computer Support

Mailing Address 205 Pennsylvania Ave SE

City State ZIP Code
Washington DC 20003-

Outstanding Balance Beginning This Period

3900.00

Transaction ID: LS80930.E9875

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
Fundraising Phone Calls
OGOP

Mailing Address 7320 N Dreamy Draw Dr

City State ZIP Code
Phoenix AZ 85020-5212

Outstanding Balance Beginning This Period

21811.30

Transaction ID: LS80930.E7387

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21811.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct Mail Systems, IncNature of Debt (Purpose):
List Management Service
OGOP

Mailing Address 12450 Automobile Boulevard

City State ZIP Code
Clearwater FL 34622-

Outstanding Balance Beginning This Period

19419.35

Transaction ID: LS80930.E12039

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

17419.35

1) **SUBTOTALS** This Period This Page (optional).....

43130.65

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Donnelley Marketing Inc.Nature of Debt (Purpose):
List Management Services
OGOP

Mailing Address 311 W Monroe Str 7th Fl

City State ZIP Code
Chicago IL 60694-

Outstanding Balance Beginning This Period

8418.87

Transaction ID: LS81205.E16189

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8418.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
United States TreasuryNature of Debt (Purpose):
FEA Payroll Taxes

Mailing Address US Department of Treasury

City State ZIP Code
Ogden UT 84403-

Outstanding Balance Beginning This Period

14804.58

Transaction ID: LS81215.E16399

Amount Incurred This Period

4720.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

19524.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Office Depot**Nature of Debt (Purpose):
Office Supplies

Mailing Address 2945 Liberty St S

City State ZIP Code
Salem OR 97306-

Outstanding Balance Beginning This Period

125.65

Transaction ID: LS80930.E12130

Amount Incurred This Period

181.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

306.70

1) SUBTOTALS This Period This Page (optional).....

28250.49

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Oregon Department of RevenueNature of Debt (Purpose):
FEA Payroll Taxes

Mailing Address P.O. Box 14800

City State ZIP Code
Salem OR 97309-0920

Outstanding Balance Beginning This Period

5441.92

Transaction ID: LS81215.E16386

Amount Incurred This Period

1777.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

7219.23

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
W.B. Adams InsuranceNature of Debt (Purpose):
Insurance

Mailing Address 9900 SW Greenburg Rd Suite 270

City State ZIP Code
Portland OR 97223-

Outstanding Balance Beginning This Period

1233.25

Transaction ID: LS80930.E12046

Amount Incurred This Period

0.00

Payment This Period

1233.25

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Donna WoolleyNature of Debt (Purpose):
Contribution Refund

Mailing Address PO Box 43

City State ZIP Code
Drain OR 97435-0043

Outstanding Balance Beginning This Period

4000.00

Transaction ID: LS81117.E15765

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

1) **SUBTOTALS** This Period This Page (optional).....

11219.23

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Computer VillageNature of Debt (Purpose):
Computer Support

Mailing Address 4075 76th Ave NE

City State ZIP Code
Salem OR 97305-

Outstanding Balance Beginning This Period

300.00

Transaction ID: LS80930.E11267

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joan AustinNature of Debt (Purpose):
Contribution Refund

Mailing Address PO Box 209

City State ZIP Code
Newberg OR 97132-0209

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS81116.E15760

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
QwestNature of Debt (Purpose):
Phone Service

Mailing Address PO Box 91155

City State ZIP Code
Seattle WA 98111-9255

Outstanding Balance Beginning This Period

375.45

Transaction ID: LS80930.E14792

Amount Incurred This Period

0.00

Payment This Period

375.45

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

2800.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Certified PropertyNature of Debt (Purpose):
Rent

Mailing Address PO Box 269

City State ZIP Code
Salem OR 97308-0269

Outstanding Balance Beginning This Period

15987.36

Transaction ID: LS80930.E12030

Amount Incurred This Period

6122.58

Payment This Period

3576.20

Outstanding Balance at Close of This Period

18533.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LifeWiseNature of Debt (Purpose):
Insurance

Mailing Address 815 SW Bond St

City State ZIP Code
Bend OR 97702-

Outstanding Balance Beginning This Period

296.90

Transaction ID: LS80930.E12031

Amount Incurred This Period

0.00

Payment This Period

296.90

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pitney Bowes Purchase PowerNature of Debt (Purpose):
Postage OGOP

Mailing Address PO Box 856042

City State ZIP Code
Louisville KY 40285-6042

Outstanding Balance Beginning This Period

608.00

Transaction ID: LS80930.E12045

Amount Incurred This Period

0.00

Payment This Period

608.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

18533.74

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stafford StudiosNature of Debt (Purpose):
Web Service

Mailing Address 11594 SE Meadowgold Place

City State ZIP Code
Clackamas OR 97015-

Outstanding Balance Beginning This Period

200.00

Transaction ID: LS81119.E15777

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T WirelessNature of Debt (Purpose):
Phone service

Mailing Address PO Box 30459

City State ZIP Code
Los Angeles CA 90030-

Outstanding Balance Beginning This Period

67180.90

Transaction ID: LS80930.E11336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

67180.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Integra TelecomNature of Debt (Purpose):
Phone Service

Mailing Address PO Box 34988

City State ZIP Code
Seattle WA 98124-1988

Outstanding Balance Beginning This Period

1278.28

Transaction ID: LS80930.E12043

Amount Incurred This Period

652.23

Payment This Period

624.92

Outstanding Balance at Close of This Period

1305.59

1) **SUBTOTALS** This Period This Page (optional).....

68686.49

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pacific Office AutomationNature of Debt (Purpose):
Equipment Lease

Mailing Address 14335 NW Science Park Drive

City State ZIP Code
Portland OR 97229-

Outstanding Balance Beginning This Period

2100.00

Transaction ID: LS80930.E12044

Amount Incurred This Period

0.00

Payment This Period

2100.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ricoh Customer Finance Corp.Nature of Debt (Purpose):
Equipment Lease

Mailing Address PO Box 310010273

City State ZIP Code
Pasadena CA 91110-0001

Outstanding Balance Beginning This Period

159.00

Transaction ID: LS81206.E16216

Amount Incurred This Period

159.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

318.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sterling CorporationNature of Debt (Purpose):
Finance Consulting

Mailing Address 112 E Allegan St Ste 200

City State ZIP Code
Lansing MI 48933-1824

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS80930.E12047

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

318.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 / 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cardinal CommunicationNature of Debt (Purpose):
Phone Service

Mailing Address 925 University Ave Ste A

City State ZIP Code
Sacramento CA 95825-6709

Outstanding Balance Beginning This Period

172.00

Transaction ID: LS80930.E12049

Amount Incurred This Period

0.00

Payment This Period

172.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Oregon Federation of College RepublicansNature of Debt (Purpose):
Contribution Refund

Mailing Address PO Box 808

City State ZIP Code
Corvallis OR 97339-0808

Outstanding Balance Beginning This Period

550.00

Transaction ID: LS81213.E16374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

550.00

1) **SUBTOTALS** This Period This Page (optional).....

550.00

2) **TOTALS** This Period (last page this line number only).....

173488.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

173488.60

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 32 / 38
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

NAME OF ACCOUNT
 OREGON FEDERAL 1706
 F-Key c/o Key Bank

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 0 8 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

5500.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

5500.00

Transaction ID: H381130.C100283

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

5500.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

5500.00

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 33 / 38
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
 Certified Property

Mailing Address

PO Box 269

City State Zip Code
 Salem OR 97308-0269

Purpose of Disbursement:
 Rent

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

71090.88

Date M M / D D / Y Y Y Y
 08 / 04 / 2006

Transaction ID: H480930.E12030

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

536.43

3039.77

3576.20

B. Full Name (Last, First, Middle Initial)
 Pitney Bowes Credit Corp

Mailing Address

P. O. Box 85460

City State Zip Code
 Louisville KY 40285-5460

Purpose of Disbursement:
 Equipment Lease

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73965.03

Date M M / D D / Y Y Y Y
 08 / 09 / 2006

Transaction ID: H480930.E12034

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

42.72

242.08

284.80

C. Full Name (Last, First, Middle Initial)
 Pitney Bowes Credit Corp

Mailing Address

P. O. Box 85460

City State Zip Code
 Louisville KY 40285-5460

Purpose of Disbursement:
 Equipment Lease

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

74259.83

Date M M / D D / Y Y Y Y
 08 / 15 / 2006

Transaction ID: H480930.E12035

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

42.72

242.08

284.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

621.87

3523.93

4145.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 34 / 38

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)

Pitney Bowes Credit Corp

Mailing Address

P. O. Box 85460

City

State

Zip Code

Louisville

KY

40285-5460

Purpose of Disbursement:
Equipment LeaseCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

74920.08

Date 08 / 22 / 2006

Transaction ID: H480930.E12036

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

42.72

242.08

284.80

B. Full Name (Last, First, Middle Initial)

Pitney Bowes Credit Corp

Mailing Address

P. O. Box 85460

City

State

Zip Code

Louisville

KY

40285-5460

Purpose of Disbursement:
Equipment LeaseCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

78537.80

Date 08 / 29 / 2006

Transaction ID: H480930.E12037

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

42.72

242.08

284.80

C. Full Name (Last, First, Middle Initial)

Integra Telecom

Mailing Address

PO Box 34988

City

State

Zip Code

Seattle

WA

98124-1988

Purpose of Disbursement:
Phone ServiceCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

76153.00

Date 08 / 23 / 2006

Transaction ID: H480930.E12043

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

93.74

531.18

624.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

179.18

1015.34

1194.52

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 35 / 38

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
 Pacific Office Automation

Mailing Address

14335 NW Science Park Drive

City State Zip Code

Portland OR 97229-

Purpose of Disbursement:
 Equipment Lease

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

78253.00

Date M M / D D / Y Y Y Y
 08 / 23 / 2006

Transaction ID: H480930.E12044

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

315.00

1785.00

2100.00

B. Full Name (Last, First, Middle Initial)
 Pitney Bowes Purchase Power

Mailing Address

PO Box 856042

City State Zip Code

Louisville KY 40285-6042

Purpose of Disbursement:
 Postage OGOP

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

75528.08

Date M M / D D / Y Y Y Y
 08 / 23 / 2006

Transaction ID: H480930.E12045

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

91.20

516.80

608.00

C. Full Name (Last, First, Middle Initial)
 Sterling Corporation

Mailing Address

112 E Allegan St Ste 200

City State Zip Code

Lansing MI 48933-1824

Purpose of Disbursement:
 Finance Consulting

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73590.88

Date M M / D D / Y Y Y Y
 08 / 04 / 2006

Transaction ID: H480930.E12047

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

375.00

2125.00

2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

781.20

4426.80

5208.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 36 / 38
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Key Bank**

Mailing Address

1500 Edgewater St NW

 City State Zip Code
Salem OR 97304-

 Purpose of Disbursement:
Bank Fee
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

78541.30

 Date

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| 3 | 1 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H480930.E12051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.53

2.97

3.50

B. Full Name (Last, First, Middle Initial)
Key Bank**

Mailing Address

1500 Edgewater St NW

 City State Zip Code
Salem OR 97304-

 Purpose of Disbursement:
Bank Fee
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73680.23

 Date

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H480930.E12052

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.90

56.10

66.00

C. Full Name (Last, First, Middle Initial)
Qwest

Mailing Address

PO Box 91155

 City State Zip Code
Seattle WA 98111-9255

 Purpose of Disbursement:
Phone Service
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

74635.28

 Date

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| 1 | 7 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H480930.E14792

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

56.32

319.13

375.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

66.75

378.20

444.95

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 37 / 38

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
 Key Bank**

Mailing Address

1500 Edgewater St NW

City State Zip Code

Salem OR 97304-

Purpose of Disbursement:
Bank FeeCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

78544.80

Date

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| 0 | 8 |

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| 3 | 1 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H481128.E16086

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.53

2.97

3.50

B. Full Name (Last, First, Middle Initial)
 Discover Corporate Card

Mailing Address

PO Box 30423

City State Zip Code

Salt Lake City UT 84130-0423

Purpose of Disbursement:
Credit Card FeeCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67504.68

Date

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| | |
|---|---|
| D | D |
| 0 | 2 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H481128.E16087

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

102.42

580.38

682.80

C. Full Name (Last, First, Middle Initial)
 Authnet Gateway Billing

Mailing Address

293 Boston Post Rd W Ste 220

City State Zip Code

Marlborough MA 01752-

Purpose of Disbursement:
Credit Card FeeCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67514.68

Date

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| M | M |
| 0 | 8 |

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|---|---|
| D | D |
| 0 | 2 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H481128.E16088

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.50

8.50

10.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

104.45

591.85

696.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 38 / 38

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
 CTS Holdings LLC

Mailing Address

c/o Key Bank 1500 Edgewater St NW

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Salem | OR | 97304- |

Purpose of Disbursement:
 Credit Card Fee

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73975.03

Date

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|---|---|
| D | D |
| 0 | 9 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H481128.E16089

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.50

8.50

10.00

B. Full Name (Last, First, Middle Initial)
 American Express

Mailing Address

PO Box 2878

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Omaha | NE | 68103- |

Purpose of Disbursement:
 Credit Card Fee

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73614.23

Date

| | |
|---|---|
| M | M |
| 0 | 8 |

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| | |
|---|---|
| D | D |
| 0 | 7 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

Transaction ID: H481128.E16090

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.50

19.85

23.35

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.00

28.35

33.35

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

1758.45

9964.47

11722.92